

APPLICATION FOR FINAL SUBDIVISION
(Submit Application, Plot Plan and Other Required Documents in Quadruplicate)
ATTACH A ROUTE/DIRECTION MAP FOR LOCATING THE PROPERTY

RECORD I.D. NUMBER
S U
HEALTH DEPT. USE ONLY

PUBLIC HEALTH – SEATTLE & KING COUNTY
ENVIRONMENTAL HEALTH DIVISION
APPLICATION FOR FINAL SUBDIVISION REVIEW
Complete the following and submit with the appropriate fee.
(http://www.kingcounty.gov/healthservices/health/ehs/fees.aspx)

APPLICATION MUST BE SUBMITTED BY A
LICENSED SEPTIC SYSTEM DESIGNER OR
PROFESSIONAL ENGINEER

SUBMIT APPLICATIONS TO: Eastgate Environmental Health 14350 SE Eastgate Way, Bellevue, WA 98007-6458 Phone: (206) 296-4932

APPROXIMATE STREET ADDRESS

NAME AND/OR NUMBER OF D.P.E.R. APPLICATION

LEGAL DESCRIPTION

PARCEL #

NUMBER OF ACRES NUMBER OF LOTS TO BE REVIEWED SMALLEST LOT SIZE Sq. Ft.

Preliminary Health Department Subdivision Report Approved? (Y/N) Existing Record I.D. Number or Activity Number

HAVE LOT LINES BEEN ADJUSTED SINCE PRELIMINARY APPROVAL WAS GRANTED? (Y/N) If Yes, attach revised plat map showing new lot lines

OWNER ADDRESS PHONE#

AGENT ADDRESS PHONE#

THE FOLLOWING INFORMATION MUST BE PROVIDED:

WATER SUPPLY:

Section 1. Public Water Supply (Name)

D.O.H. Public Water Supply I.D. Number

Date Water Supply Received Final Approval Agency

Status: Is the water system in compliance with all-applicable laws, sampling requirements, etc.? Y/N

If Yes, attach a copy of letter from Water Utility, which states that system has been installed and approved or that a contract or bond assures completion of system.

SEWAGE DISPOSAL (Complete Section 1 or 2 below):

Section 1. Public Sewer System (Name)

Attach a copy of letter from Sewer Utility, which states that system has been installed and approved or a contract or bond assures completion of system.

Section 2. Individual On-Site Sewage Systems

- Attach Soil Log Descriptions including soil type designation; four (4) soil logs per lot in Drainfield/Reserve areas
Attach a Plot Plan – Show drainfield area, 100% reserve area, lot line, easement lines, road locations, wells, surface waters, drainage features, and critical areas (if applicable)
Attach a Site Design to demonstrate sufficient room for Drainfield and Reserve area (upon request of Health Officer)

For Existing Home(s) with Individual On-Site Systems(s): Address(es)

[(Attach plot plan to show location of OSS system(s)]

Is the Existing Sewage System Functioning Properly? Y N

Is an adequate Reserve Area available? Are Setback requirements met? Y/N

I, hereby, certify that the information given in this application is a true and accurate representation of the existing conditions on this plat.

Signature of Owner/Agent Date

Name of Licensed OSS Designer/P.E. (please print) License #

Signature of OSS Designer/P.E. Date

APPROVED
DISAPPROVED
(Date) (Health &Environmental Investigator) (District Supervisor)

COMMENTS/CONDITIONS

Any person aggrieved by any decision or final order of the Health Officer may file a written application appeal to health officer within 60 calendar days of the date of the above decision. (Title 13, K.C.B.O.H. Chapter 13.12 – Sewage Review Committee).

DATE RECEIVED